## PART B - FEE(S) TRANSMITTAL

| Complete and send thi   | oplicable fee(    | (s), to: <u>Mail</u><br>or <u>Fa</u> | Commissioner for l<br>P.O. Box 1450<br>Alexandria, Virgin  | Alexandria, Virginia 22313-1450<br>(571) 273-2885  |   |   |  |
|---|-------------------|--------------------------------------|--|--|---|---|--|
| INSTRUCTIONS: This form should be used for transmitting the ISSUE PEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; as already a separate "FEE ADDRESS" for maintenance fee notifications.   |                   |                                      |  |  |   |   |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  Note: A certificate of mailing can only be used for domestic of the Fee(s) Transmittal. This certificate cannot be used for   |                   |                                      |  |  |   |   |  |
| 26161   | 7590              | 05/15/2009                           |  | accompanying papers. Each additional paper, such as an assignment or<br>formal drawing, must have its own certificate of mailing or<br>transmission. |   |   |  |
| FISH & RICHARD<br>P.O. Box 1022   |                   |                                      |  | l hereby certify that i<br>United States Postal S<br>in an envelope addres<br>or being facsimile tra<br>below.                                       | icate of Mailing or Trans<br>his Fee(s) Transmittal is be<br>Service with sufficient post<br>ssed to the Mail Stop ISSU<br>insmitted to the USPTO, or | mission<br>ing deposited with the<br>age for first class mail<br>E FEE address above,<br>the date indicated |  |
| Minneapolis, MN 55440-1022  |                   |                                      |  |  |   | (Depositor's name)  |  |
|   |                   |                                      |  |  |   | (Signature)   |  |
|   |                   |                                      |  |  |   | (Date)  |  |
| APPLICATION NO.   | FILING DATE       | FIRST NAMED II                       |  | INVENTOR   | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |  |
| 10/717,434  | 11/18/2003        | Charlotte Alba                       |  |  | 22460-0010001   | 7002  |  |
| TITLE OF INVENTION: ANTISENSE DESIGN  |                   |                                      |  |  |   |   |  |
| APPLN, TYPE   | SMALL ENTITY      | ISSU                                 |  | PUBLICATION FEE  | TOTAL FEE(S) DUE  | DATE DUE  |  |
| nonprovisional  | YES               | \$1510                               |  | SO   | \$1510  | 08/17/2009  |  |
| EXAMINER ART  |                   |                                      |  | CLASS-SUBCLASS   | ]   |   |  |
| VIVLEMORE, T. 1635  |                   |                                      |  | 536-024500   |   |   |  |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  [] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |                   |                                      | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (lawing as a member a registered atomety or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3.                         |  |   |   |  |
| [ ] "Fee Address" indication (or "Fee Address" Indication form<br>PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer<br>Number is required.   |                   |                                      |  |  |   |   |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRENTED ON THE PATENT (print or type)<br>PILEASI NOTE Unless an assignee is identified below, no assignee data will appear on the parent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.<br>(A) NAME OF ASSIGNEE  |                   |                                      |  |  |   |   |  |
| Santaris Pharma A/S Horsholm  |                   |                                      |  |  |   |   |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ] government   |                   |                                      |  |  |   |   |  |
| 4a. The following fee(s) are enclosed:  [X] Issue Fee [] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies  |                   |                                      | 4b. Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   X  The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 66-1050 (enclose an extra copy of this form). |  |   |   |  |
| 5. Change in Entity Status (from status indicated above)  [ ] l.a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. [X]b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |                   |                                      |  |  |   |   |  |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue the to the application identified above. NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered agent or; or the assignee or other party in interest as shown by the records of the United States Pleating and Tendamis (Office.   |                   |                                      |  |  |   |   |  |
| (Authorized Signature)  | orized Signature) |                                      |  | (Date)August 17, 2009  | Date)August 17, 2009  |   |  |
| Typed or Printed NameAnita / Nejkejohn, Ph.D.   |                   |                                      |  | Registration No.   | 35,283  |   |  |
| This collection of information is required by 37 CFR 1.311, The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 32 U.S.C. 122 and 37 CFR 1.4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and committing the complete, including gathering, preparing, and committing the complete, including gathering, preparing and summitting the complete, including gathering, preparing and committee the complete for feature gathering, preparing and committee gathering for feature gathering for feature gathering for feature gathering for feature gathering of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-3149, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-3149. |                   |                                      |  |  |   |   |  |

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